

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567279

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			2			
4			①			
5	1					
6		1				
7			2			
8		①				
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50						

TOTAL IND.

2



TOTAL DEP.

8



TOTAL CLAIMS

10



CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

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100

TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

